

## APPEAL NO. 010367

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing was held on February 1, 2001. The hearing officer determined that the appellant's (claimant) impairment rating (IR) was 11% as assessed by the designated doctor.

The claimant appeals, contending that the designated doctor did not correctly perform the straight leg raise (SLR) test as explained by the treating doctor. The respondent (carrier) responds, urging affirmance.

### DECISION

Affirmed.

The parties stipulated that the claimant sustained a compensable low back injury on \_\_\_\_\_, and that the claimant reached maximum medical improvement (MMI) on October 22, 1999. The parties also stipulated that Dr. P, apparently a carrier independent medical examination doctor, certified MMI and assessed an 11% IR; that Dr. E, the designated doctor, found the claimant not at MMI on July 8, 1999; that Dr. S, the claimant's treating doctor, certified MMI with a 19% IR on October 22, 1999; and that Dr. E reexamined the claimant on December 9, 1999, certified MMI and assessed an 11% IR.

At issue is how the SLR test was performed. Dr. P, in his report, invalidated lumbar range of motion (ROM) and his IR is based on Table 49, Section (II)(E) and (F) of the Guides to the Evaluation of Permanent Impairment, third edition, second printing, dated February 1989, published by the American Medical Association. Dr. S assessed a 10% impairment from Table 49 and a 10% impairment for lumber loss of ROM. Dr. E assessed an 11% IR based on 10% impairment from Table 49, Section (II)(E), and 1% for sensory loss. Dr. E invalidated lumbar flexion and extension loss of ROM based on the SLR test and found no lateral extension or flexion loss of ROM.

Dr. S testified how he performed the SLR test by assisting the claimant in moving his leg up from the supine position until the claimant complained of pain. Dr. C, the carrier's expert witness, testified that the correct way to perform the SLR test was to assist with the leg raise until the patient has pain below the knee (as opposed to pain in the waist or back) or until flexibility ends when the pelvis tilts and the hamstring tightens. Dr. C noted that Dr. P had found normal ROM when he performed the SLR test on the claimant from a sitting position. Dr. C also testified that if the claimant had the restricted ROM found by Dr. S, the claimant would be unable to walk.

Section 408.125 provides that the designated doctor's report "shall" have presumptive weight unless the great weight of other medical evidence contradicts that IR. In this case, Dr. S testified how he performed the SLR test. Reports from Dr. P and Dr. E and the testimony of Dr. C disagreed with Dr. S's assessment. The hearing officer noted

that both Dr. P and Dr. E had been certified to serve as designated doctors (Dr. C likewise testified as to his role in the designated doctor training program) and knew the requirements of performing the SLR.

The hearing officer did not err in adopting Dr. E's 11% IR and her decision is not against the great weight and preponderance of the evidence.

Accordingly, the hearing officer's decision and order are affirmed.

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Thomas A. Knapp  
Appeals Judge

CONCUR:

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Elaine M. Chaney  
Appeals Judge

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Susan M. Kelley  
Appeals Judge